BINDING

Coi	unty Orred 14427	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	lage or City Sylleaville (No. Sonng)	Registration Dist. No. [If death occur a hospital or list give its NAME of street and numerical descriptions of street an
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	White Single, MARRIED, MARRIED, MARRIED, MIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
	OATE OF BIRTH (Month) (Day) (Year)	that I last saw ham alive on Oct.
_ A	yrs. Minos. Monds. or min.?	and that death occurred on the date stated above, at
0	(a) Trade, profession, or MNNNRW particular kind of work MNNRW (b) General nature of industry	General Paresis,
1	business, or establishment in Mulusulum which employed (or employer)	(Durathan) Use union
	(State or country) Punsylvania	Secondary (Oursion) yrs mos.
S	10 NAME OF FATHER MUNICION	(Signed) John Norfolk Morris.
RENT		*State the Disease Causing Drath, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acciden Suicidal or Homicidal.
PA	OF MOTHER WANDER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
14	THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE	At place of death yrs. 3 mos das state, yrs. mos. Where was disease contracted, yrs. The state of the state o
	(Informant) D. Hosps. History	if not all place of death? Former or usual residence UUXUAUX
15	(Address Mesville Ma)	Bulli Can Let Con Date of Burial
	Filed Oct, 18, 1915 Noff Swaid	20 UNDERTAKER ADDRESS ACCA RIVER AUSTRAL

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shoek," "Uracmia," "Weakness, and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal septichuemia, cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-Never report mere "Atrophy,"



202

	PLACE OF DEATH	STATE OF MA
G	ounty Ceriall.	CERTIFICATE O
	7. 0	Register
V	illage or City Downings (No.	St;Ward
	FULL NAME Charles Elin.	Rames.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3 SE	Male While Single, wipowed, or plyorced (Write the word)	(Month) 17 J. HEREBY CERTIFY, That I
6 D	ATE OF BIRTH (Ool~ 22, and 1914)	Od 14. 1915, to Oc
7 A	(Month) (Day) (Year) GE If LESS than	and that death occurred on the date stated
	yrs. Mos. Co. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) pai	CCUPATION) Trade, profession, or rlicular kind of work	Enter Colity.
bus	General nature of industry, iness, or establishment in	(Duration)
9 81	enterplace (ar employer) Canally, Co	Contributory Councies (Secondary)
	10 NAME OF Charles (6), Bours	(Signed)
ENTS	OF FATHER (State or country) Carvell, CO	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and
PAR	of Mother Dairy alverta Bloom	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Canall, O	At place in the of death yrs mos ds. State
	(Informant) has to the Best of My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or Usual residence
4	T. (Address) & Oleshwisler mil	19 PLACE OF BURIAL OR REMOVAL
16 Fil	ed Oct. Srs., 1915 Jacob Farsary Lucal REGISTRAR	20 UNDERTAKER Walt
	if more blanks are needed, address State Registrar, 6 E	Franklin St. Balto, Requesting V S No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 78

St;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE OF	DEATH	
18 DATE OF DEATH	Od-	2 rel , 191	5.
	(Month)	(Day) (Year	-
11 1 - 11 - 11 -	5 to Oct	ttended deceased for the second secon	5
nd that death occurred on			
he CAUSE OF DEATH * v	vas as follows:		
Enlud (Polity.		
	**************************	* ~	
	(Duration)	yrsmos5	. ds
Contributory CB	newlecon	N.	• • • •
	(Duration)	yrs mos/	.d:
Signed) (Ad	///	acres "	. [
*State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE		deaths from VIOLEN (2) whether Accide	n N-
BLENGTH OF RESIDENCE	FOR HOSPITALS, IN	STITUTIONS, TRANSIEN	TS
OR RECENT RESIDENTS)	In the		
of death yrs mos		yrs mos	ds
usuai residenca			
Somesen M. G.	REMOVAL	DATE OF BURIAL	
	Oca Variation	191	V

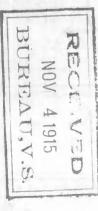


[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all disease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crond"); Typhoid fever (never report "Typhoid disease, disease); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, peritonaeum, etc., Carcinosis

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-acet-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "Annant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for



UNFADING INK-THIS

PLAINLY. WITH

WRITE

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

of information should be carefully supplied. AGE should be st 'DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH In plain terms. so

important.

Filed 8 ct 8 191 5

S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

...Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and nomber.]

PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
7 AGE	MARRIED, Wildow or Divorce (Write the word) A A A A A A A A A A A A A A A A A A A	that I last saw h alive on Oct and that death occurred on the date state. The CAUSE OF DEATH* was as follows	
(a) Irade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	thane.	Contributory Secondary	vers to mos ds.
OF MAIDEN NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Maryland	(Signed) State 183 CR *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from Violent and (2) whether Acciden-
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE	Maryland BE BEST OF MY KNOWLEDGE à Gell	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place of death yrs, mos, ds. State Where was disease contracted, it not at place of death? Former or osoat residence.	yrs, nos, is
(Address)	strumber	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

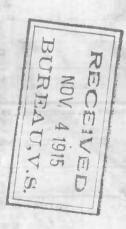


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and ehlidren, not material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for which surgical operation was undertaken. For vioture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PROBABIL LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal sentichaccte., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tclanus) may be stated under the head Always qualify all diseases resulting from "Senile," cte.), "Dropsy," "Exhaustion," (Recommendations on statement of



BINDING

FOR

RESERVED

MARGIN

ANS ont of	County Canal 17430	STATE OF MARYLAND CERTIFICATE OF DEATH
HYSICIAN	91. 17 1	Registration Dist. No.
TLY. P Exact	2 FULL NAME Catherine	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
ssified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
cla	Hemale White Street, Widow OB DIVORCED (Write-the word)	16 DATE OF DEATH 10 10 , 1913 (Month) (Day) (Year)
hould be sta be properly certificate.	6 DATE OF BIRTH Open 17, 1822 (Month) (Day) , 1822	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191
AGE shit may be	7 AGE 93 yrs. 5 mos. 23 ds. OR mln.?	and that death occurred on the date stated above, at Jam The CAUSE OF DEATH * was as follows:
so that ions on b	a occupation (a) Trade, profession, or particular kind of work	Infinitis of ald age
n terms, s instructio	(b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE	(Duration) yrs mos ds
(a m m	(State or country) Wiknows	Secondary
Son	10 NAME OF Michael Gettier	(Signed) DM Resh M. C
ion should F DEATH important	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of OF ry in	of MOTHER William	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
iformat USE O Is very	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of desthyrsmosds. State,yrsmosds
of in	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
stat PAT	(Informant) Collection of Spices	usual residence
Every item of insphendid state CAL	(Address) D'aufsterd Med	Hampstead Med Oct 12, 1915
œ.	Filed Old 1915 1915 REGISTRAR	29 UNDERTAKER Hon Hampstead
Z	If more planks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	AL THE ME	

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more " mill; (a) Salesman, (b) Procery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physimobile factory. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puenperal septichumia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "An temia" (merely symptomatie), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chapmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Tropsy," Poisoned by carbolic acid-probably "Atrophy," "Exhaustion,"



V. S. No. 1.

io au	1 PLACE OF DEATH County Ourrole 17431 (0)	/228 STATE OF MARYLAND CERTIFICATE OF DEATH
E	ounty	. Registration Dist. No 2.6
Exact stat	Village or City Dykasville (No. Chringford) 2 FULL NAME Patrick Boys	Leed Horfitae St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
Bell	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y classi	3 SEX: 4 COLOR OR RACE 5 SINGLE, MARRIED, MANNIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October 31 M, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
proper	8 DATE OF BIRTH (Month) (Day) (Year)	fully 26 1, 1915, to lotober 3 1, 1915, that I last saw h m. alive on dotober 30, 1915,
of ce	(Month) (Day) (Year) 7.AGE if LESS than 1 day, hrs.	and that death occurred on the date stated above, at 2.0 5 Am
it m back	yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
that s on	8 OCCUPATION (a) Trade, profession, or Jaborer particular kind of work	Collegey
ns, so	(b) General nature of industry business, or establishment in	(Buration) 21 yrs. — mos. — ds
in terr	which employed (or employer) BIRTHPLACE (State or country) State or country)	Contributory darle Managhtis - Secondary (Qurallon) yrs. mos. 3 ds
t in pla	10 NAME OF TERENCE Boylan	(Signed) John Morfolk Morris M. O. Oet. 312, 1915 (Address) S. Hosp. Dykesville Ma
EAT	State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF D	of Mother Margaret Doylan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
USE O	13 BIRTHPLACE OF MOTHER (State or country) Incland.	At place of death / 3 yrs. 7 mos. / 3 ds. State, yrs. mos. ds
rio CA	(Informant) Mrs Patrick Boslan.	Where was disease contracted, Neutronister, Md. If not et place of death? Neutronister, Md. Former or usual residence Mestronister, Md.
should state C/	(Address) Westminster Ma.	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
sho	Filed MW-2, 1915 EWSfinier REGISTRAR	20 UNDERTAKER HOON. Westmine For
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. taken to report specifically the occupations of persons mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association. Struck by railway train-accident; Revolver "Puerperal perilonitis," etc. cause. Always qualify all diseases resulting from childgenital," "Senile," Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercuretc.), "Dropsy," carbolic acid-probably State cause for which Never report mere (Recommendations "Exhaustion," wound of ("Con-



PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD properly classified. Exact statement stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important. m

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17432



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

ADDRESS

Village of CHy Company (No	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Hericale Whote Solve of Birth 4 COLOR OR RACE MARRIED, Married Widowso, OR DIVORCED (Write the word) 4 COLOR OR RACE MARRIED, Married Widowso, Workle the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 21, 1915, to Oct. 22, 1915, that I last/saw h 27 alive on Oct. 21, 1915
(Month) (Day (Year) 7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 5, 30 Pm, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Carroll bo Acc	(Duration) 4 yrs 4 mos 4 ds. Contributory Chronic Int nephration Secondary (Duration) 4 yrs 4 mos 4 ds.
10 NAME OF SAMUEL BOWERS 11 BIRTHPLACE OF FATHER (State or country) Cassoll by had 12 Maiden NAME OF MOTHER NO. 11/2 Mothers No. 11/2 Mother	(Signed) (Signed) (Address) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carroll Go And 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALB, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was diseasa contracted, If not at placa of death? Former or
(Informant) Churco Grands Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

No. 02

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronie interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name orlgin; "Canby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," State cause for Never report



N. B.—Every item of informa CAUSE OF DEATH in Important. See Instruc WRITE PL.

RECORD	ition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is, verticons on back of certificate.
AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	stated EXACTLY.
AK-THIS IS A	AGE should be properly classified
UNFADING IN	ition should be carefully supplied. In plain terms, so that it may be pritions on back of certificate.
AINLY, WITH	tion should be plain terms, settions on back o

PLACE OF DEATH

STATE OF MARYLAND

County Corroll 17433	CERTIFICATE OF DEATH
County	Registration Dist. No. 75
Village or City Melrose (No,	St.; Ward) [if death occurred to a hospital or institution, gife its NAME instead
* FULL NAME Franklin Ti	Crunsine of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Marie Single, Married Widower, Moderated Widower, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Od 11 , 1915 to Od 1 , 1915 that I last saw ham alive on Od 11 , 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3.30 Pm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work. Relined Fanner	
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Carroll Co, Md.	Contributory. (Secondary) (Daration) yrs mos ds.
10 NAME OF JM Crummie	(Signed) J. At. Sherman M. D.
11 BIRTHPLACE OF FATHER (State or country) Carroll Co. Pud.	*State the DISEASH CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Anna M. Sletty	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Carroll Co. Ind	At place lo the of deathyrs mos ds. Stateyrs, mos ds.
(Informant) Edward Crumine	Where was disease contracted, If not at place of death? Former or usual residence
(Address). Nelvone Ned.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1912 20 UNDERTAKER ADDRESS
Filed 10 12, 1915 J. J. Ballozes	ADDRESS 4

Vir more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Who have no occupation whatever, write Wone. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinoses

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.;



V. S.

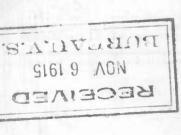
1 PLACE OF DEATH	STATE OF MARYLAND
County Caucall 17434	CERTIFICATE OF DEATH
County Cauloc	Registered No. 83
Village or City Wordfrie (No.	St; Ward) [If death occurred in a hospital or institution.
10	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITH 6 DATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 Ool (HEREBY CERTIFY, That I attended deceased from 1915;
(Month) (Day) (Year)	that I last saw her alive on Ocl-Q 11915
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 11 00 m, The CAUSE OF DEATH* was as follows:
POCCUPATION (a) Trade, profession, or Particular kind of work Relived	apopliey.
(b) General nature of industry, business, or establishment in which employed (or employer) Mod Cluy	(Duration) yrsmos. Z. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER 10 NAME OF FATHER	(Secondary) (Duration) (Signed) (Duration) (Duration) (Signed) (Signed)
11 BIRTHPLACE Sof FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER NOT Museum 13 BIRTHPLACE OF MOTHER (State or country) Not Museum	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) August The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
15 Filed Cet 8, 1915 - J. William Glennan REGISTRAR	18 PLACE OF BURIAL OR REMOVAL A. Mary's Counters Hampden Och 9 11 1915. 20 UNDERTAKER ADDRESS
If more blanks age needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For viocause. Aiways qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaeinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 41.; affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head (Recommendations on statement of (name origin; "Can-Examples:



N. B.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

QNIQNIB

FOR

MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND
County Carroll 17435	CERTIFICATE OF DEATH
	S Registration Dist. No.
Village or City New Writedor (No. ,)	St.; Ward) [if death occurrer a hospital or instituting give its NAME institution of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCEO (Write the word)	16 DATE OF OEATH (Month) (Day) (Ye
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw harmalive on 19
7 AGE If LESS than 1 day, Q hrs. O ds. OR Q min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Still born
(b) General nature of industry business, or establishment in which employed (or employer)	Antipartion (Diration) a Copyrillamos.
9 BIRTHPLACE (State or country) Carroll Co	Contributory Secondary (Burglion) yrs mes
10 NAME OF Martin J. Dowern	(Signed) ST T Care To The Care
11 BIRTHPLACE OF FATHER (State, or country) Achieved 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSEA, state (1) MEANA OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL.
of Mother Jussei A. Mulbern 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the ef death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) Marlin J. Dawesser, Jolles	Where was disease contracted, if not at place of death? Former or usual residence
(Address) New Windson, Md.	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Filed 10 2 1915 Godward Wes	20 UNGERTAKER AOORESS

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Collon write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But Housemaid, etc. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, Eurgical operation was undertaken. For violent deaths to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV2 1915 BUREAU, V.S.

S. No. 1.

1 PLACE OF DEATH

0,0		PLACE OF DEATH	STATE OF MARYLAND
IAR	Count	y Carroll mg 17436	CERTIFICATE OF DEATH
Sic			Registration Dist. No.
HYS		no How tester by	[If death occurred in
0 t 0	Villag	ge or City n Taufster (No,	St.; Ward) a hospital or institution, give its NAME instead
CTLY.	H.	2 FULL NAME Myrtle Clay Cel	sessoral ef street and number.]
4 o		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rated / clas	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORCED (Write the word)	Sand Calaga aday of Menth (Day) (Year) 17 HEREBY CERTIFY, That i attended deceased from
per	6 DA	TE OF BIRTH	
nould be stoperly certificate		October 11 1915	, 191, to, 191,
	7	(Month) (Day) (Year)	that I last saw halive on, 191,
k of	7 AGI	Still born, (6 mo. Foelin) It LESS than 1 day hrs.	and that death occurred on the date stated above, atm.
it m		yrs, mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
hat on	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in		Unknown - Probably some
so to			pathological condition of mother
su su			(Duration) yrs. mos. ds.
refully su n terms, instructi	which employed (or employer) 9 BIRTHPLACE		Contributory
	- 61	(State or country) Carroll Co md	Secondary
See See		10 NAME OF	(Ouration) grs. mos. ds.
20		FATHER Walter Elseroad	(Signed) Wyll Obert State Of M. O.
EATH portant	TS	of FATHER (State or country) Carroll Ind.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
n st	ZENT	(State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
.O.L.E	PARI	OF MOTHER Murile Class Realters	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
SEO		13 BIRTHPLACE	OR RECENT RESIDENTS) At pisce In the
€ D &		OF MOTHER (State or country) Dalto City, Ing.	of death yrs. mos. ds. State, yrs. mos. ds. Where was dissess contracted.
NO NO	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) Myrtle Clay Elsewad		if not at placs of desth?
tat			Former or usus! residence
UP'it		the death of	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Every item of should state COCCUPATION	AP.	(Address) Hampiceaa	Wesley M. E. Cemetery Och 84, 1015
M MO	Con	176 190 1 / Sein Mune	20 UNDERTAKER ADDRESS
00	1110	OF LU L. REGISTRAR	Vistas laton Vimpelend
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Sanly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (o) Forcmon, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, ser, Stationary fireman, etc. But in many For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably mus," on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of SUICIDAL, or nomicidal, or as probably such, if impossible surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as birth or miscarriage as "Purperral septichuemia," "Purperral peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility", etc., when a definite disease can be ascertained as the "Heart failure," "H::emorrhage," "Inauition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; .Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., etc., "Old Age," "Shock," "Urucmia," "Weakness, Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Col-"Exhaustion," ACCIDENTAL, ("Con-



Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number." MEDICAL CERTIFICATE OF DEATH (Month) REBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at/-30 A. m. The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, EE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Scrvant, Cook, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiengineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. cough; Chronic valvular heart discase; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"



PLACE OF DEATH

Coun	barrell 17438	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villag	2 FULL NAME Servis H. 7	St.; Ward) [If death eccurre a hospitat or institut give its NAME inst ot street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	4 COLOR OR RACE 5 SINGLE, MARRIEO, WISOWED OR OIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (You
6 DA	TE OF BIRTH Way 8 T8 4/ (Month) (Day) (Year)	how not allow trescally 19 that I last saw h alive on 19
7 AG	E If LESS than 1 day. hrs. OR min. ?	and that death occurred on the date stated above, at 630. The CAUSE OF DEATH * was as follows:
bus whi	CUPATION) Trade, profession, or Tail Fence male itcular kind of work. Tail Fence male) General nature of ledustry closs, or establishment in ch employed (or employer)	with general mulastonis (Duration) & yrs. mos.
9 BI	RTHPLACE (State or country) fulurical Co	Contributory Secondary (Burallen) yrs mes
	FATHER Jacob Frogle	(Signod) Diffiegg
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mulcinum	State the DISEASE CAUSING DEATH, or, in deaths from Vinian CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidences
PAR	12 MAIOEN NAME OF MOTHER OWN	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Olnkenour	Af place in the of death yrs. mes. ds. State, yrs. mes.
	(Informant) Doden Fogle Son	Where was disease contracted, If not at place of death?
15	(Address) Ullion Bridge R. 7D	2 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ONLY, 181.
File	Oct 26, 191 27 J. Edward West	O. C. Grosmille Thing Bre

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated Struck by to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "PUERPERAL septichaemia," railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere



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certificate 0 back Instructions See item mportant. ы Every m ż

1 PLACE OF DEATH TATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Tif death occurred toWard) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH WIDOWED Maou (Month) (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 3 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at-1 day,....hrs. The CAUSE OF DEATH* was OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the _ mos. State yrs. __ _ ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursults can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanltion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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PLACE OF DEATH

17440

County Carroll



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 75

Village or City Manchesler (No	St.; Ward) [4] death occurred in a hospital or institution,
FULL NAME Mary Alice From	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Mule 5 single, Married, Wille 0, Write the word)	16 DATE OF DEATH Oct 26, 1915. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
(Moghh) (Day) (Year)	04-20 , 1915, to Oct 26 , 1915, that I last saw h. 21 alive on Oct 25 , 1915
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at / Mm, The CAUSE OF DEATH* was as follows: Mayanus
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Cannoll Co. M.A.	Contributory (Secondary) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Trace Hellem Inglie	(Signed) , 1915 (Address) Manches les Modernes (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENTS (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Carroll Co Mid	At place in the ot deathyrs,mosds,
(Informant) Arace & Jungling	Where was disease contracted, It not at place of death? Former or usual residence
Filed / O / 28, 1915 / J. P. Baltoner	Marcher Man, Date of Burial 10-28,191.3
If more banks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death respect to the same disease. It is a same accepted the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Theumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for HOT VIO-



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state " DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT

RECORD

WRITE PLAINLY, WITH

Item of information should be

N. B.—Every Item CAUSE OF Important.

PLACE OF DEATH

17441



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty Darroll (W)	82
	200	Registration Dist. No. 00
Vi	liage or City Mufield (No. , -	St.;—Ward) [if death occurred to a hospital or institution, give ifs NAME instead
	2 FULL NAME Bligas Waltow	Goodwin of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Och, 25 , 1913 - (Month) (Day (Year)
6 [ATE OF BIRTH (1839.	17 I HEREBY CERTIFY. That I attended deceased from Oct 3, 1915, to Oct, 25, 1915; that I last saw h £1 alive on Oct 24, 1915
7 8	GE (Month) (Day (Year) If LESS than 1 day,	and that death occurred on the date stated above, at 7:46 Pm, The CAUSE OF DEATH* was as follows:
p: (b)	CCCUPATION 1) Trade, profession, or articular kind of work	Progressive Paralysio (Duration) yrs mos 22 ds.
	IRTHPLACE (State or country) Mausland	Contributory Cerebral Hemorrhage Secondary Arterso-Schrossis (Borallon) LO yrs mos os.
	10 NAME OF Joshua J. Porler (decend	(Signed) E DEruk , M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
PAR	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14	OF MOTHER (State or country) Mary land. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos, ds. State yrs mos, ds Where was disease contracted,
1	(lotormant) Mrs. alico B. Hancock	if not at place of death?————————————————————————————————————
18	(Address) 2. Noodbrie, had.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Och 28 191.

Winfield Med If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of........ (name origin; "Can-ecr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Wcakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of The nature of the Never report Ex-



1 PLACE OF DEATH

County 17442	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Row (No. ,	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIEO, MIDOWEO OR ONVORCED (Write the word)	16 OATE OF OEATH (Month) (Month) (Month) (Your Manual Matter
6 DATE OF BIRTH Black 4 - 2 0 1845 (Month) (Day) (Year)	that I last saw h Malive on Cest, 19, 19
7 AGE 70 6 3 If LESS than 1 day, hrs. OR min.?	
a) Trade, profession, or particular kind of work (b) General nature of iodustry business, or establishment in which employed (or employer)	(Quration) 4 yrs. mos.
(State or country) Moulgonery 60 Md	Secondary (Buration) yrs. nos. (Signed)
U) II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A 1	State the DISPASE CAUSING DEATH, or, in deaths from Violen CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUIGIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) 15 John H. R. John H. R. L.	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSII OR RECENT RESIDENTS) At place in the ef death yrs. mes. ds. State, yrs. mes. Where was disease contracted, If not at place of death? Former or usual residence
16 Filed 10/26, 191 Sefic Steph	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL 10-26, 191. 20 UNDERVAKER ADDRESS LINES - SALVEN BR
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the oecupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first; the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee head-homicide; Poisoned by corbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, birth or miscarriage as "Puerperal septichaemia," ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" "Tumor" for malignant neoplasms); Measles; Whooping on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull by Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtroin-accident; Revolucr State cause for which Never report mere "Atrophy," nound ("Con-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

S. No. 1.

N. B.

PLACE OF DEATH

County

17448

STATE OF MARYLAND CERTIFICATE OF DEATH

			-/
Registration	Dist.	No	10

Village or City.

St.;---Ward)

[It death occurred in a hospital or lostitution,

	FULL NAME Vennilla Gu	give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	errale While Single, Widow on Divorces (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year) GE It LESS than	that Viast saw here slive on the date stated above, at 400 p.m.
_	88 yrs 11 mos 28 ds 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a pa (b) bu:	i) Trade, profession, or articular kind of work.) General nature of industry, siness, or establishment in hich employed (or employer)	Cangreen of leg. (Duration) yrs mos. ds.
9 B	10 NAME OF FATHER Benefit Of Surviva	Contributory Secondary (Doration) yrs mos ds. (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
4	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted.
A.	(Interment) The S. J. Gury, Sul,	If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fi	ied Oct 14 , 1915 Jacef Faras REGISTRAR	10 ethany M & S. Cenules Och. 5 1915 20 UNDERTAKER ADDRESS W. M. Walts W. whield

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication as Day laborer, Farm laborer, Laborer—Coal ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease gainfully employed, as At school or At home. Care material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is icss definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Cottapsc," "Coma," "Convulsions," "Debitity" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify aii diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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DEATH

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STATE OF MARYLAND 17444 CERTIFICATE OF DEATH Registration Dist, No. I'll death occurred in St .:---Ward) hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH 5 SINGLE, MARRIED, 191L WIDOWED, (Month) (Dav (Year) (Write the word) (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at t day hrs. OR ? BOCCUPATION (n) Trade, profession, or (b) General nature of Industry, business, or establishment in (Duration) which amployed (or amployer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs, ___ Where was disease contracted. It not at place of death? Former or osual residence DATE OF BURIAL (Address)..... 15 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the presente Servant, Cook, Housemaid, etc. If the occupation has cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify, as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from cte, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mally. oma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) tclanus) may be stated under the head (Recommendations on statement of For Vio-



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[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, Physibusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Duy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age: ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," many occupations a single word or term on the For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For VIOLENT DEATHS etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," rent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial The contributory (secondary or intercur-Nevcr report mere important.



PERMANENT properly supplied. UNFADING certifica o back See instructions Information = I DEAT WRITE Item E OF mportant. Every It

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Carroll Co Registration Dist, No... swal lif death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) (Month) Y. That attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above, at t day,....hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME QF FATHER (Signed) 11 BIRTHPLACE PARENTS OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in leaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the ot death yrs. mos. ds. State yrs, ____ mos. Where was diseaso contracted. 14 THE ABOVE IS TRU BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

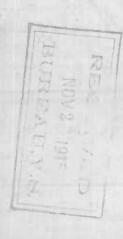


[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For vio-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report



S. No. 1.

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N.B

1 PLACE OF DEATH	STATE OF MARYLAND
17447 (C)	CERTIFICATE OF DEATH
County W. Co.	Registration Dist. No. 74
Village or City by kesville (No. Springfor	[If death occurred in a hospital set; Ward) [If death occurred in a hospital or institution, give-lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hute 5 SINGLE, MARRIEO, Indowed OR OIVORCEO (Write the word)	16 OATE OF DEATH October 17th (Month) (Day) , 1915 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw ham alive on October 15, 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 12.10 m. The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work S OCCUPATION (b) Trade, profession, or particular kind of work	Groneho-Tneumona
(b):General nature of Industry business, or establishment in which employed (or employer)	Contributory General arterio Solexone
9 BIRTHPLACE (State or country) Montgomory Co. Ma	Secondary Secondary (gurallon) Trs. mos. ds.
10 NAME OF Charles Miles	(Signed) John Morfolk Morris M.O.
2 II BIRTHPLACE OF FATHER (State or country) Montgomery Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER almeta Mobley.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Fred Co.	At place of deathyrs. 8 mos. 20 ds. In the S2 yrs
(Informant) Allian F. Miles	If not et place of death? Formar or usual residence M airy . M. d. R. F. A.
(Address) Mis airs Jag. R. F. 4.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Och 19, 1915
Filed Och. 17, 1915 Toby Livaur	20 UNDERTAKES ADORESS MA Cincolled
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engincer, first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, Locomotive engineer, cer, Stationary fireman, etc. But in many For persons who have no occupation whatever But in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or misearriage as "Puerperal septichargina," symptoms or terminal conditions, such as "Asthenia, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. to determine definitely. Examples: Accidental drawning; etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion;" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Shock," "Uracmia," "Weakness, by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State eause for which Never report mere (Recommendations fo. munon



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	10
RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	CAUSE Importan

ery

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a haspital ar lastitutiaa, give its NAME tastead of street and namber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED, CO (Month) (Day (Write the word) DATE OF BIRTH 1833 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, prafession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or amplayer) -----State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. _ ds. State _____ yrs, ___ Where was disease contracted. if not at place af death?. Former or usual residence. OR REMOVAL DATE OF BURIAL 15 20,UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

, it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for matigoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skuii, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merciy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of For vio-



Cour	PLACE OF DEATH 17449	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74
Vitla	age or City Syllswill (No. Spring) 2 FULL NAME Mary & Mills	Call (Ward) [If death occurre a hospital or instituting live its NAME institution of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October (Month) (Day) (Y
T AG	Month (Month) (Day) (Year)	that I last saw h A alive on Italian 10, 15 and that death occurred on the date stated above, at 67. The CAUSE OF DEATH * was as follows:
8 00 (8	a) Trade, profession, or articular kind of work Assaura	Buncho-Imumoma
bu:	b) General nature of lodustry usiness, or establishment in hich employed (or employer)	Contributory Chranic Valuation grs. mos Secondary (Buration) Las Annager
S S	10 NAME OF FATHER MAKENOWN	(Signed) John L. Wethered (Signed) 181.5 (Address) S.S. Josh, Syhanill
nporta	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Mulknown THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death
PATIO	(Informant) Sufficient Mecande	Former or "Bay View" Hosfulal & Almaha 19 PLACE OF BURIAD OR REMOVAL DATE OF BURIAL
25	AUUI COO / / / / / / / / / / / / / / / / / /	



[Approved by U. S. Census and American Public Health Association.]

write Nane. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary firemon, etc. cian, Compositor, Architect, Locamotive engineer, Civil first line will be sufficient, c. g., Former or Planter, Physi-For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material werked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebraspinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fener (never report "Typhoid pneumonia"); Lobar pneumonia, Franchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPENAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping or misearriage "Senile," etc.), as "Puerperal septichuemia," "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

1 PLACE OF DEATH STATE OF MARYLAND EXACTLY. PHYSICIANS sified. Exact statement of CERTIFICATE OF DEATH Registration Dist. No. If death occorred in Village or City .a hospital or institution. give its NAME Instead of street and number. ² FULL NAME. RECORD classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH stated MARRIEO. PERMANENT WIOOWED OR OIVORCED properly certificate. I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH should pe (Year) of 7 AGE may It LESS than and that death occurred on the date stated above, at ы 1 day, hrs. back O The CAUSE OF DEATH * was as follows: min. ? ā 44 so that 8 OCCUPATION uo supplied (a) Trade, profession, or ons b) General nature of lodustry terms, instructi business, or establishment in carefully which employed (or employer) 9 BIRTHPLACE See in (State or country) (Buration) Work Marcon 10 NAME OF __ FATHER F DEATH i should PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, PLAINLY, AUSE OF DE 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS) 13 BIRTHPLACE of infor OF MOTHER WRITE 9 (State or country) ef deeth yrs. /....mes.ds. should state CAI Where was disease contracted. 14 THE ABOVE IS TRUE TO Il net at place of deeth? usual residence 15 20 UNDERTAKER ADDRESS m ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death of the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubcrculosis of lungs, menin-

genital," on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL scptichuemia," eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraschapneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of "Senile," etc.), "Dropsy," State cause (Recommendations Never report mere "Exhaustion,"



so/o	PLACE OF DEATH	STATE OF MARYLAND
PHYSICHANS t statement of	County Carroll	CERTIFICATE OF DEATH
SE SE		Registration Dist. No. 82
HY	Redgoville 1	Fld dooth accurred by
LY. P Exact	Village of City (No,	St.; Ward) a hospital or institution, give its AAME instead
-	2 FULL NAME MUS VOSTONIA	a Collary ord of street and number,]
stated EXAC ly classified, le.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH October 1 3, 1915 (Month) (Day) (Year)
be st perly cate.	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
0 12	1 5 1828	3 This to allower 12, 1915,
	(Month) (Day) (Year)	that I last saw h 20 alive on the con 1913,
20	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date Stated above, at w
it ba	yrs. yrs. 2 ds. OR min.?	The CAUSE OF DEATH * was as follows:
that on	X OCCUPATION (a) Trade, profession, or	Chrome Valvular Heart Dreeau
suppli s, so t	particular kind of work	(
y st ms, ucti	business, or establishment in which employed (or employer)	(Burellon) yrs. mos. ds.
63 m	9 BIRTHPIACE	Secondary Olderna of Rung
care lain ee in	(State or country) Maryland	(Swallon) us mes 3 ds.
Spe	10 NAME OF Januarel Ryan	(Signed) & albert Thee M. O.
TAH	In BIRTHPLACE OF FATHER (State or country)	accoverzage (Address) Mr. Mery, Md
ion should F DEATH important	(State or country) Mary Build (State or country) Mary Build	*State the DISPASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.
SE OF I	a Ova flecor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
200	13 BIRTHPLACE OF MOTHER (State or country) Massaca	At place In the of deethyrsmesde, Steto,yrsmosds,
- AZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
ate (TIO	(Informat) D. 13 Norwood	Former or
d st	(B. I not any " a	19 PLACE OF BURIAL OR REMOVAL 7 DATE OF BURIAL
Every item should sta OCCUPAT	(Address) Malgrorthe ma	Hemplown Cens 10 - 3 1015
m 20	15 FRED 9-2 , 1915 P. L. Bruch los	20 UNDERTAKER ADDRESS
m m	REGISTRAR	BWI Forman Mr airy ma
Z	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichacmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

91619 'AON

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

1 PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October 7th, 19 (Month) (Day) (Ye
6 DA	TE OF BIRTH Unferror (Day) , 1859 (Month) (Day) , (Year)	that I last saw here alive on October 7, 19
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
	3 6 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
2 (8	OCCUPATION 1) Trade, profession, or Mechanic	General Paresis -
	rticular kind of work	Unknown
bu	siness, or establishment in —— nich employed (or employer)	(Duration) yrs: mos.
	IRTHPLACE	Contributory Secondary
	(State or country)	Decoudary
	10 NAME OF O	(Durallop) yrs. mos.
10	10 NAME OF Patrick O. Brien	(Signed) July Horfolk Morris
10	10 NAME OF O	(Signed) What Jock Morris (Signed) What Jock Morris Of 7 (1915 (Address) SS Hopital Lykeml State the Disease Causing Death, or, in deaths from Violet Causes, state (1) Means of Injury; and (2) whether Accidenta
ARENTS	10 NAME OF Patrick G. Brien 11 BIRTHPLACE OF FATHER (State or country) Industry 12 MAIDEN NAME OF MOTHER IN	(Signed) (Si
RENTS	10 NAME OF FATHER Patrick G. Brien 11 BIRTHPLACE OF FATHER (State or country) Incland 12 MAIDEN NAME OF MOTHER Frances Westley 13 BIRTHPLACE	(Signed) W. M. Joseph John Joseph John Joseph John Joseph John Joseph Joseph John Joseph John Joseph John Joseph John Joseph John Joseph Josep
ARENTS	10 NAME OF FATHER Patrick G. Brien 11 BIRTHPLACE OF FATHER (State or country) Incland 12 MAIDEN NAME OF MOTHER Frances Westley	(Signed) (Signe
PARENTS	10 NAME OF FATHER Patrick O. Brien 11 BIRTHPLACE OF FATHER (State or country) Incland 12 MAIDEN NAME OF MOTHER Frances Westley 13 BIRTHPLACE OF MOTHER	(Signed) 12.400 John John John John John John John John
PARENTS	10 NAME OF Patrick O. Brien 11 BIRTHPLACE OF FATHER Grances Westley 12 MAIDEN NAME Frances Westley 13 BIRTHPLACE OF MOTHER Grances Marting (State or country) MA	(Signed) W. M. John John John John John John John John
PARENTS	10 NAME OF FATHER Patrick O. Brien 11 BIRTHPLACE OF FATHER (State or country) Incland 12 MAIDEN NAME OF MOTHER Frances Westley 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) What folk Morris (Signed) What folk Morris State the DISEASE CAUSINO DEATH, or, in deaths from Violei Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. 3 mos. 6 ds. Stata, 5 yrs. mos. Where was disease contracted, If not at place of death? Former or Buth Manney County Advisory (Signed) Yrs. mos.
PARENTS	10 NAME OF FATHER Patrick O. Brien 11 BIRTHPLACE OF FATHER (State or country) Ireland 12 MAIDEN NAME OF MOTHER Frances Westley 13 BIRTHPLACE OF MOTHER Frances Westley 14 State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) Mass Comma a. Brien (2) 13 W. Lagra D. Balto - Mass	(Signed) 12.4.1. Morris (Signed) 12.4.1. Morris (State the DISEASE CAUSING DEATH, OF, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTY SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. 3 mos. 6. ds. Stata, yrs. mos. where was disease contracted, if not at place of death? Former or usual residence Balts. Ma.

17452

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At hance. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile foctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Branchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull hcod-homicide; Poisoned by carbolic ocid-probably SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the genital," "An nemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of . . . on Nomenclature of the American Medical Association.) "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic volentar heort disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver "Senile," etc.), "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," waund of



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND
Go	ounty Cauall 17453	CERTIFICATE OF DEATH Registered No. 7
Vi	FULL NAME Ospha Cal	St; Ward) Falue Perus, [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
	(Month) (Day) (Year)	that I last saw her alive on Sef 30 1915.
7 AG		and that death occurred on the date stated above, at 930 a.m. The GAUSE OF DEATH* was as follows:
(2)	CCUPATION Trade, profession, or ticular kind of work	Ekolua Tuphambu
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Ouration) yrs. mos. 3 ds.
9 BI (St	RTHPLACE ate or country) Cecually Co	(Secondary) (Duration) yrs mos ds
ſS	10 NAME OF Courty & Penn. 11 BIRTHPLACE	(Signed) A. J. Creculin D. O. T., 1915 (Address) McCling
PARENT	(State or country) Cecually OD 12 MAIDEN NAME OF MOTHER CHOSELE CHOSELE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Cooled Co	At place In the of death yrs mos ds. State yrs mos ds.
	Intermant) Hother.	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) M. Clary	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ling Belles Complex Det
File	ed Uct 2 ,1915 for the farm REGISTRAR 11 more blanks are needed, address State Registrar, 6 1	James Pickett + Son Woodling mg
	in more clause are needed, address coate negistrar, o	granain St., Daito., Requesting v. B. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head cause. Always qualify all diseases resulting from inus," "Old Age," "Sbock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puebperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

NOVI-4 1915

BUREAU, V.S.

County

AL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word) Aleceruber 9 th (Year) (Month) (Day) (Year) If LESS that 1 day, hrs. or min.?	and that death occurred on the date stated above, at 2.03
MARRIED, Married WIDOWED (Write the word) Leceruber 9th (Year) (Month) (Day) (Year) If LESS that I day, hrs. or min.? On, or Pailroad Engineer work of Industry lishment in	(Month) (Day) (Yes I HEREBY CERTIFY, That I attended deceased fr July 16 1915, to October 2 nd, 1915 that I last saw ham alive on Roboter 2 nd, 1915 and that death occurred on the date stated above, at 2.03 The CAUSE OF DEATH * was as follows: Secural Arterio Acterosis Linkwoon
Aleceruber 9 h 1835 (Month) (Day) (Year) (Year) 1 LESS that 1 day, hrs. 1 on, or Pailroad Engineer of Industry lishment in	that I last saw ham alive on Roboter 2 md, 191 that I last saw ham alive on Roboter 2 md, 191 and that death occurred on the date stated above, at 2.03 The CAUSE OF DEATH * was as follows: Secural Arterio Sclerosis -
on, or Railroad Engineer of Industry lishment in	unknown
employer)	Contributory Epitheliona of Face and
Persi & Pickett	(Signed) from North Morres (Signed) from North Morres Och 2 nd, 181.5. (Address) J. J. Hospital Lykenth State the Disease Causing Death, or, in deaths from Violene Causes, state (1) Means of Injury; and (2) whether Accidental Suicidal of Homicidal.
ACE HER rountry) Carroll Co	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place of death / yrs. 5 moe. 29 ds. State, 79 yrs. 9 mos. 2.3 Where was disease contracted, Oarroll Co - M & -
Milliain Pickett Mt airy, Ma RFA#6 V, 1915 / h. Dwan	Former or usual residence Carvell Co. md - 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Softan Ships Cere 10-4, 191. 20 UNDERTAKER ADDRESS ALL TOPINGENERAL ADDRESS
FILE	NAME THER Rachel Tucker ACE HER TOUNTRY) Carrole Co STRUE TO THE BEST OF MY KNOWLEDGE Milliain Pickett

17454

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No....

[Approved by U. S. (Zusus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Fcaler," etc., without more of the second statement. Never return mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, If retired from The question "Laborer," (b) Audo-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy, hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvulur heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Confributory." (Recommendations head-homicide; Paisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of suicide. The nature of the injury, as fracture of skull, cause. "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage as "Puerperal scotichamia," Always qualify all diseases resulting from child-State cause for which Never report mere "Atrophy," "Exhanstion," ("Con-



RECORD

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1221 STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH CSICIANS should OCCUPATION IS Registration Dist. No. PHYSICIANS It death occurred in St :----Ward) a hospitat or Institution. give its NAME instead of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. 1915 WIDOWED, (Month) (Day OROIVORCED (Write the word Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1.844 classified. Month) (Day (Year) TAGE If LESS than should and that death occurred on the date stated above, at 6,800 m. t day hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied. 30 (b) General nature of industry. business, or establishment in may which employed (or employer) V. certificate. 9 BIRTHPLACE (State or country) Contributo that It Secondary (Boration) 10 NAME OF FATHER (Signed) 80 0 back S 11 BIRTHPLACE terms, , 191 J. (Address) Alla Constrol ARENT (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 50 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) ح 13 BIRTHPLACE Af place In the OF MOTHER (State or country) DEATH of death _____ yrs. ___ mos. __ State _____ yrs, ____ mos. __ ds. Where was disease contracted. See If not af place of death? 10 Former or Item 10 osual residence Important. Every It DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional live is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakucss," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for



	1 PLACE OF DEATH	STATE OF MARYLAND
	Carroll 17456	CERTIFICATE OF DEATH
G	ounty Carrott	Registration Dist. No. 75
	mal -	Registration Dist. 110
1	liliage or City Melrose (No	St.; Ward) [If death occurred in a hospital ar institution,
	0, 80	give its NAME instead of street and number.]
	FULL NAME / Wecea Dh	offer
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH (October) 12th 125
F	WIDOWED, WARLED	(Month) (Day) (Year)
3/	wale White or overest (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
0 0	ATE OF BIRTH	, 191, to, 191,
	(Month) (Day) (Year)	that I last saw h alive on
7 A		and that death occurred on the date stated above, at 5 P. m.
	80 0 57 1 day,hrs.	The CAUSE OF DEATH* was as follows:
		Died very suddenly
(a	CCUPATION) Frade, profession, or	
-	rticular kind of work.	arterio-Schrosis
bus	General nature of Industry, iness, or establishment in	(Ouration)yrsmosds.
	ich employed (or employer)	Contributory myocarditis
9 8	IRTHPLACE (ate or country)	(Secondary)
-	10 NAME OF 7/	(Duration) yrs. mes. ds.
	FATHER Henry Stambough	(Signed) WTCSDerner, M.D.
TS	11 BIRTHPLACE	Oct 13th, 1915 (Address) Monchester, Ind
ENT	(State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
PAR	12 MAIDEN NAME OF MOTHER 1/ THE	TAL, SUICIDAL, OF HOMICIDAL.
Ω.	13 mornes Katherine ducabang	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Pennsylvania	At place In the of death yrs mos ds. State yrs, mos ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Man 4: C. Denner	If not at place of death?
	(Informant)	usual residence.
	(Address) Manchester Md	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 10000	marchester mol 10-18, 1915
FI	80/0/13,1915, V. O. Dalloner	20 UNDERTAKER ADDRESS
	REGITRAR	W 27 Bugman maucheste.
	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPEEAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ______ (name origin; "Can-ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.; State cause for For VIO-



V. S. No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cla proper 0 back ATH in plain instructions WRITE 0 4 PO mportant. ы Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Carroll Co. Registration Dist. No. lif death occurred inWard) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, DATE OF DEATH (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That Lattended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State yrs. ____ mos. ___ Where was disease contracted. if not at place of death?... Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Wed amy woolvely

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (7)

Statement of cause of death—wime, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Apacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



1 PLACE OF DEATH

CERTIFICA	TE OF DEATH
County Carroll CERTIFICA	(A)
	ition Dist. No.
Village or City new Windsor, Church St.; Wal ² FULL NAME amis M. Speakman	rd) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFIC	CATE OF DEATH
Temale White OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, The	Month) (Day) (Year) at I attended deceased from
May (Month) (Day) , 1844 that I last saw her alive on	
7 AGE If LESS than and that death occurred on the	date stated above, at .5,31/m.
(a) Trade, profession, or \ ms &	s follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	,
Secondary to map to the secondary of the	ourse Comple entire
FATHER Circher our (Signed)	91102 , M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOS	
13 BIRTHPLACE OF MOTHER PL 7 P P Q A place	In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Informant) Alr. James Frager (state or country left sold of the season controlled, if not el place el death? Former or usuel residence	State,yrsmosds.
(Address) New Don'dsor Med. 19 PLACE OF BURIAL OR REMOVAL 15 Flied 19 PLACE OF BURIAL OR REMOVAL **Separate Square 20 UNDERTAKER	OATE OF BURIAL
Filed REGISTRAR HOROLD & REGISTRAR HOROLD & Requesting V. No. 191 Market & Property of the Market & Property of the Control of	n Westmirste



[Approved by U. S. Census and American Public Health Association.]

: write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only-when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Housemaid, etc. mobile factory. The material worked on may form part is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. of the second statement. business or industry, and therefore an additional line tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interenr-"Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver "Senile," etc.), "Dropsy," State cause for which "Exhaustion," wound

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV2 1915

BURTATINES

8	A P
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.
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ER	pro tif
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4	Should state CAUSE OF DEATH in plain terms, so that it may be properly of COUDATION is very important. See instructions on back of certificate.
V. S. NO. L.	1.
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	PLACE OF DEATH Cansoli 17459	STATE OF MARYLAND
Cou	nty Carrole 11403	CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City Lykesville (No. Phrings.) 2 FULL NAME William Neury Tr	ribbitt. [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS.	MEDICAL CERTIFICATE OF DEATH
-3 s	Aale White 5 SINGLE, MARRIED, MARRIED, WIDOWED (Write the word)	16 DATE OF DEATH October 23rd, 1916 (Month) (Day) (Year)
6 p	ATE OF BIRTH 1876	I HEREBY CERTIFY, That I attended deceased from July Ma 1915, to October 237, 1915,
7 A	(Month) (Day) (Year)	and that death occurred on the date stated above, at //.of /.
	39 yrs mos ds. ORmin.?	The CAUSE OF DEATH # was as follows:
$\ \mathbf{X} \ $	a) Trade, profession, or Farmer articular kind of work	General Caresis:
4 6	b) General nature of indusfry usiness, or establishmenf in vhich employed (or employer)	(Burstion) Leukuvan de.
11	(State or country) Caroline Co.	Secondary (Qurelion), yrs. mos. ds.
	10 NAME OF FATHER Lukewan	(Signed) John Monfolk Moms., M. O.
ENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARI	of Mother Unknown	SUCCIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of desth 2 yrs. mos 24 ds. Stete, 39 yrs. mos. ds. Where was disease contracted, Caroline Co Md if not at place of death?
14	(informant) Shring field State Hospital Pranch	if not at piece of death? Warrie Commer or usual residence Caroline Comme.
15	(Address) Lighernel Paper & Mas	19 PLACE OF BURIAL OR REMOVAL BOLLINGS OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrary	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. Housemaid, etc. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by carbolic acid-probably state Means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association. by railwoy train-accident; Revolver wound of The contributory (secondary or intercur-Never report mere



1 PLACE OF DEATH	STATE OF MARYLAND
County Courroll 17460	CERTIFICATE OF DEATH
County	Registration Dist. No. 76
Contract 1	
Village or City (No. No. No.	Ward) [If death occurred in a hospital or institution,
2 FULL NAME John Henry	Wilhiele give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED	16 DATE OF DEATH COMMONTH (Day) (Year)
Male (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	127, 1915, to Olf 50, 1915,
March 27, 1850 (Month) (Day), 1850	that last saw have live on Cet/LT , 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at 300
65 yrs. 7 mos. 18 ds. OR min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (19) Trade, profession, or	Mital Nephrito
Jerticular kind of work Toborer	
(b) General nature of industry business, or establishment in ::	2
which employed (or employer)	(Ouration) yrs. mos. ds,
9 BIRTHPLACE (State or country) Carroll	Secondary (Duration) yrs, mos. ds.
10 NAME OF FATHER O O 'AO'A	(Signed) lean R Four M. O.
Dumust Wilhide	- My 11 - 2006 1 1. 2 . 4
11 BIRTHPLACE OF FATHER (State or country) Carroll	
12 MAIDEN NAME OF MOTHER Q. L. Janes	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Carroll	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant) Lila ann Welliele	Former or usual residence
(Address) Westmuch md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 11 h 1 the - 6 1/1 1/2/200	Wedminster & U. 1915.
Filed (C1 - 16, 1913 0 - 11- SWUND	20 UNDERTAKER ADDRESS
REGISTRAR If many blanks are needed address State Positions	16 W Savatora St. Batta Paguasting V S. No. 1
Il more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton ciun, Compositor, Architect, Locomotive engineer, Civil write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," But in many cases, If retired from

CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," nenumonia, Bronchopneumonia ("Pneumonia," nenumonia, indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemio," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Maraslapse," "Coma," "
genital," "Senile," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cameer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of..... The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion," corbolic ocid-probably Never report mere "Atrophy," "Col-("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND
Carrell (de)	1218 CERTIFICATE OF DEATH
County County	76
Man I	Registration Dist. No.
Village or City / I Millister (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME AMENTALE	Jan eur
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH META
and I willower, mounter	(Month) (Day) (Year)
muce ORDIVERCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	August 12 1915; to Get 16 = 1915;
Jan 10 1832	Co 4 11 7
(Month) (Day) (Year)	that I last saw has allye on
7 AGE 11 LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
7 3 vrs. / mas. 3 ds. ormin.?	The CAUSE OF DEATH* was as follows:
POCCUPATION 10-+	Enlinged prestites by lands
(a) Frade, protession, or	
particular kind of work	***************************************
(b) General nature of Industry, business, or establishment in	(Boration) yrs 2 mos /6 ds.
which employed (ar empiayer)	Contributory Retention of prising
9 BIRTHPLACE (State or country) Carroll les Mid	(Secondary)
10 NAME OF	(Duration) yrs 2 mos ds.
FATHER David Yingling	(Signed) M. O.
11 BIRTHPLACE OF FATHER (State or country Roanell Con Zuck	Cet 17, 1913 / (Address) Messente fred
in the state of th	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Work Know	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs, mos, ds. State yrs, mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) John Yrugling	Former or
matricuste med	usual residence.
. (Address). Vyvannuciesus vuo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 10 1 10 × / 6 00 / 10:	Ballungus becce - Och 17 ,1915
Filed UCT-19,1915 Or HI SWINES	20 UNDERTAKER / ADDRESS
REGISTRAR	James, M Stones mesmuester
If more blanks are needed, address State Registra	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report

